

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TUNABLE MULTI-ZONE GAS INJECTION SYSTEM

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as United States application
Number _____ on December 21, 2001
and was amended _____ on _____ (if applicable).
- ☐ was filed as PCT international application
Number _____ on _____
and was amended _____ on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365:				
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

William L. Mathis	17,337	Eric H. Weisblatt	30,505	Bruce T. Wieder	33,815
Robert S. Swecker	19,885	James W. Peterson	26,057	Todd R. Walters	34,040
Platon N. Mandros	22,124	Teresa Stanek Rea	30,427	Ronni S. Jillions	31,979
Benton S. Duffett, Jr.	22,030	Robert E. Krebs	25,885	Harold R. Brown III	36,341
Norman H. Stepno	22,716	William C. Rowland	30,888	Allen R. Baum	36,086
Ronald L. Grudziecki	24,970	T. Gene Dillahunt	25,423	Brian P. O'Shaughnessy	32,747
Frederick G. Michaud, Jr.	26,003	Patrick C. Keane	32,858	Kenneth B. Leffler	36,075
Alan E. Kopecki	25,813	B. Jefferson Boggs, Jr.	32,344	Fred W. Hathaway	32,236
Regis E. Slutter	26,999	William H. Benz	25,952	Wendi L. Weinstein	34,456
Samuel C. Miller, III	27,360	Peter K. Skiff	31,917	Mary Ann Dillahunt	34,576
Robert G. Mukai	28,531	Richard J. McGrath	29,195		
George A. Hovanec, Jr.	28,223	Matthew L. Schneider	32,814		
James A. LaBarre	28,632	Michael G. Savage	32,596		
E. Joseph Gess	28,510	Gerald F. Swiss	30,113		
R. Danny Huntington	27,903	Charles F. Wieland III	33,096		



21839

and: Jeffrey J. Brooks, Reg. No. 35,834 and Michael Brandt, Reg. No. 39,119

Address all correspondence to:



21839

Peter K. Skiff
BURNS, DOANE, SWECKER & MATHIS, L.L.P.
P.O. Box 1404
Alexandria, Virginia 22313-1404

Address all telephone calls to: Peter K. Skiff at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	David J. Cooperberg
Signature	
Date	
Residence (City, State, Country)	Mount Kisco, New York
Citizenship	U.S.A.
Mailing Address	14 Dogwood Road
City, State, ZIP, Country	Mount Kisco, New York 10549
FULL NAME SECOND INVENTOR, IF ANY	Vahid Vahedi
Signature	
Date	
Residence (City, State, Country)	Albany, California
Citizenship	U.S.A.
Mailing Address	1503 Posen Avenue
City, State, ZIP, Country	Albany, California 94706

FULL NAME THIRD INVENTOR, IF ANY	Douglas Ratto
Signature	
Date	
Residence (City, State, Country)	Santa Clara, California
Citizenship	U.S.A.
Mailing Address	470 Oak Grove Drive #101
City, State, ZIP, Country	Santa Clara, California 95054
FULL NAME FOURTH INVENTOR, IF ANY	Harmeet Singh
Signature	
Date	
Residence (City, State, Country)	Berkeley, California
Citizenship	India
Mailing Address	1709 Shattuck Avenue #321
City, State, ZIP, Country	Berkeley, California 94709
FULL NAME FIFTH INVENTOR, IF ANY	Neil Benjamin
Signature	
Date	
Residence (City, State, Country)	East Palo Alto, California
Citizenship	Great Britain
Mailing Address	216 Green Street
City, State, ZIP, Country	East Palo Alto, California 96303

☐ Additional inventors are being named on the Supplemental Additional Inventor(s) Sheet(s) attached hereto.

COMBINED DECLARATION FOR PATENT APPLICATION & POWER OF ATTORNEY (Includes Reference to Provisional and PCT International Applications) Supplemental Sheet		Attorney's Docket No.
Full Name of Additional Joint Inventor, If Any		
Signature		
Date		
Residence (City, State, Country)		
Citizenship		
Mailing Address		
City, State, ZIP, Country		
Full Name of Additional Joint Inventor, If Any		
Signature		
Date		
Residence (City, State, Country)		
Citizenship		
Mailing Address		
City, State, ZIP, Country		
Full Name of Additional Joint Inventor, If Any		
Signature		
Date		
Residence (City, State, Country)		
Citizenship		
Mailing Address		
City, State, ZIP, Country		
Full Name of Additional Joint Inventor, If Any		
Signature		
Date		
Residence (City, State, Country)		
Citizenship		
Mailing Address		
City, State, ZIP, Country		